

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	O.B.	70029	1-14-00
O.I.P.E. CLASSIFIER	RR	70029	2/2/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final	
Original	
1	8/23/00
2	8/23/00
3	8/23/00
4	8/23/00
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50	8/23/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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